

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	2/2/01
FORMALITY REVIEW	RR	1029	2/2/01
RESPONSE FORMALITY REVIEW	ZM	927	06/04/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
1	1/1/12/01
2	
3	
4	
5	V 2
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

Claim	Date
S1	
S2	
S3	
S4	
S5	
S6	
S7	
S8	
S9	
S10	
S11	
S12	
S13	
S14	
S15	
S16	
S17	
S18	
S19	
S20	
S21	
S22	
S23	
S24	
S25	
S26	
S27	
S28	
S29	
S30	
S31	
S32	
S33	
S34	
S35	
S36	
S37	
S38	
S39	
S40	
S41	
S42	
S43	
S44	
S45	
S46	
S47	
S48	
S49	
S50	

Claim	Date
101	
102	
103	
104	
105	
106	
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	
138	
139	
140	
141	
142	
143	
144	
145	
146	
147	
148	
149	
150	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY